

DRINKING WATER REVOLVING LOAN FUND (DWRLF)
PRE-APPLICATION FORM (#100A) FOR PRIORITY LISTING
Revised 02/09/99

Date: _____

System Name: _____

Official Project Representative's Name and Title: _____

Mailing Address: _____

Telephone Number: (____) _____

PWS ID # _____ Parish: _____ OPH REGION: _____

Number of service connections: _____ Population served: _____

Project Owner and Address: _____

Engineering Consultant: _____

Mailing Address: _____

Telephone Number: (____) _____

FOR THE FOLLOWING QUESTIONS, PLEASE ATTACH ADDITIONAL EXPLANATIONS IF ADEQUATE SPACE IS NOT PROVIDED.

1. Description of proposed facilities: _____

2. Description of problem/s to be solved by this project:

3. Does the proposed project benefit any other public water system/s?
If so, list the other public water system/s and their PWS ID#s below
and explain how the project benefits each of them:

LOUISIANA OFFICE OF PUBLIC HEALTH DRINKING WATER REVOLVING LOAN FUND INTENDED USE PLAN INFORMATION

Estimated Project Schedule (Give Estimated Dates)	Estimated Project Costs (To nearest \$5,000)
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Submittal of DWRLF Pre-Application Form (#100A) _____ Completion of Planning (i.e., Submission of SIP/Environmental Review Check List) _____ Completion of Design _____ Start of Construction _____ Completion of Construction _____ Owner or Authorized Representative _____ Name/Title _____ Signature/Date	Legal/Fiscal \$ _____ Engineering Planning/Design \$ _____ Land Acquisition \$ _____ Construction Phase \$ _____ Contingencies \$ _____ Total Engineering \$ _____ Construction \$ _____ Total Project Costs \$ _____ Seal of Registered Professional Engineer Certifying Estimated Costs
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You must be on the Intended Use Plan priority list to be considered for funding. Please complete and return this form, along with your resolution, DWRLF Project Priority Worksheet and your letter of intent by 4:30p.m. May 1, 2000. Please Mail to: OPH DWRLF Program, 6867 Bluebonnet Blvd. - Box 8, Baton Rouge, LA, 70810.